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## **SCHEDULE A (FEC Form 3X)**

Use separate schedule(s) or each category of the

FOR LINE NUMBER:					PAGE 680 / 954							
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Ar or	y information copied from such Reports and S for commercial purposes, other than using th	Statements m e name and a	ay not be sold or used by any penderess of any political committe	e to sc	for the policit cor	ourp otrib	os outi	e of s	soliciting rom suc	con h co	tributi mmitt	ons ee.				
	NAME OF COMMITTEE (In Full)															
/	Democratic Senatorial Campaign Com	mittee	٠													
	Full Name (Last, First, Middle Initial)															
A.	Greg Shade			4	Date of											
	Mailing Address PO 986  City State Zip Code						L	29	. I L	.2 (	007	Y				
	City	State NM		Transaction ID: C4104032												
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	Name of Employer Self-Employed	Occupation Real Esta														
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	Other (specify) ♥		750.00 milesari madamile anter alemake andisa	- A												
В.	Full Name (Last, First, Middle Initial) Shelley Shanaman						Date of Receipt									
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C.	Douglas R Shanklin, M.D.			_	Date of			•				,				
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	City	State	Zip Code						410280							
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	Name of Employer University of Tennessee	n c Physician														
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_	UBTOTAL of Receipts This Page (optional)				transmit and	·				6	00.0	D .	The samples			
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